

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS263S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2009
NAME OF PROVIDER OR SUPPLIER HENDERSON HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1180 E. LAKE MEAD DRIVE HENDERSON, NV 89015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 26855</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/11/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022854 was substantiated with deficiencies cited (See Tags Z 473, Z 141, Z 242)</p> <p>Complaint #NV00022798 was substantiated with deficiencies cited. (See Tags Z 141, Z 473)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	Z 000		
Z141 SS=E	<p>NAC 449.7445 Rights of Patients</p> <p>2. In addition to the rights set forth in NRS 449.710 and 449.720, a patient in a skilled</p>	Z141		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z141	Continued From page 1 nursing facility has the right to: a) Receive care in a manner and environment that maintains and enhances each patient's dignity with respect to each patient's individuality. b) Exercise his rights without the threat of interference, coercion, discrimination or reprisal. c) Choose his attending physician. d) Be fully informed, in a language that the patient understands, of his total health status, including, without limitation, his medical condition. e) Participate in decisions relating to his health care, unless he is unable to do so because he is incompetent or incapacitated. f) Receive services with reasonable accomodation for his individual needs and preferences, unless the health or safety of the patient or other patients would be endangered. g) Privacy in relation to his accommodations, personal care, written and oral communications and meetings with other persons. The provisions of the paragraph do not require a facility for skilled nursing to provide a private room to each patient. h) File grievances with the facility without the threat of discrimination or reprisal and to the prompt resolution of those grievances. Such grievances include, without limitation, complaints relating to treatment that has been furnished or not furnished and the behavior of other patients. i) Use a telephone where calls can be made without being overheard, j) Retain and use personal possessions as space allows, including, without limitation, furniture and clothing, unless to do so would infringe upon the rights or threaten the health and safety of other patients. k) Share a room with his or her spouse if both spouses reside in the facility and consent to the arrangement. l) Manage his financial affairs.	Z141			

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Z141	Continued From page 2 This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and document review the facility staff failed to follow smoking policy and procedure and provide a reasonable accommodation and consistent protective supervision to residents during designated smoking break times. (Residents #1 and #2) Severity: 2 Scope: 2 Complaint #NV00022854 Complaint #NV00022798	Z141			
Z242 SS=D	NAC 449.74471 Administration of Drugs 3. A facility for skilled nursing shall ensure that patients are not subjected to significant errors in their medication and that the rate of error in the administration of medication is less than 5 percent. This Regulation is not met as evidenced by: Surveyor: 26855 Based on record review and document review the facility failed to ensure nursing staff administered prescribed and scheduled Oxycodone narcotic medication to the patient on two occasions per physician orders on 09/05/09 at 5:00 AM and 09/05/09 at 11:00 PM. (Resident #1) Severity: 2 Scope: 1 Complaint #NV00022854	Z242			
Z473 SS=E	NAC 449.74539 Physical Environment 4. Ensure that each patient in the facility receives adequate supervision and devices to prevent accidents;	Z473			

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Z473	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and document review the facility failed to follow smoking policies and procedures and consistently ensure staff members were available at designated smoking times to adequately supervise residents during smoking breaks. (Residents #1 and #2)</p> <p>Severity: 2 Scope: 2</p> <p>Complaint #NV00022854 Complaint #NV00022798</p>	Z473			

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